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To: USPTO

Fax No.: 571-273-8300

Subject: Amendment

Pages: 24 (including this page)

From: Cynthia K. Nicholson

Comments:

Applicant: Price	Serial No.: 09/741,908
Filing Date: 12/22/2000	Atty Dkt.: 69.001

Title: A SYSTEM PROVIDING EVENT PRICING FOR ON-LINE ...

Attached please find:

- (1) Transmittal form;
- (2) Fee transmittal form;
- (3) Petition for Extension (1 month); and
- (4) 20-page Amendment

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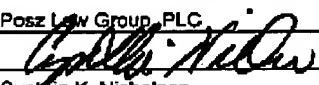
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/741,908
	Filing Date	12/22/2000
	First Named Inventor	PRICE
	Art Unit	3639
	Examiner Name	Shannon S. SALIARD
Total Number of Pages in This Submission	Attorney Docket Number	69.001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	28 August 2007	Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Cynthia K. Nicholson	Date	28 August 2007